

# City of Las Vegas

1700 North Grand Avenue

P.O. Box 160

Las Vegas, NM 87701

(505) 454-1401

FAX: (505) 425-7335

## APPLICATION FOR EMPLOYMENT

### Affirmative Action

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status or the presence of a medical condition or disability (unless it affects a bonafide occupational qualification for position.)

Position Applied For:

### Personal Information

Name \_\_\_\_\_  
(Last) (First) (M.I.)

Mailing Address \_\_\_\_\_  
(Number) (Street)

Physical Address \_\_\_\_\_  
(Number) (Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Telephone: Home: \_\_\_\_\_ Other: \_\_\_\_\_

Have you ever used a different name for school or employment?

YES ☐ NO ☐

If so, what name(s) \_\_\_\_\_

Have you ever been employed by the City of Las Vegas? YES ☐ NO ☐

If yes, give date and reason for leaving: \_\_\_\_\_

Does the City of Las Vegas employ any relatives of yours? YES ☐ NO ☐

Name and Relationship: \_\_\_\_\_

Position: \_\_\_\_\_

Are you a United States Citizen? YES ☐ NO ☐

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? (Proof of citizenship or immigration status will be required)

Do you possess a valid driver's license? YES ☐ NO ☐

State \_\_\_\_\_ Class \_\_\_\_\_ License# \_\_\_\_\_

Expiration Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

## INSTRUCTIONS

Please print in black ink.

For each position applying for you must submit a separate application.

Read the posted job description to assure you meet all the minimum qualifications set forth for the available position

Your application must specify the position you are applying for.

All areas which require answers must be filled out accurately and completely. Failure to do this may result in your application not being considered.

If additional space is needed for completion of answers you may attach a separate sheet of paper.

Attach a resume, training certificates or other vital information relating to the position you are applying for.

Your completed application is the primary source of information used in making selection decisions. Carefully complete each experience block describing your work or volunteer experience. Your qualifications for a position will depend on your description of previous experience and its relevance to the position you are seeking.

All applications will be kept on file for six (6) months after it is received.

Applications must be submitted to Human Resource Department by deadline posted.

## APPLICANT DATA RECORD

In order to help us comply with Equal Employment Opportunity record keeping, reporting and other legal requirements, we ask that you please fill out the information requested below. This is not required, the information will not be used in the employment process, but we would appreciate your cooperation. If you choose not to provide the information you will still be considered for the position you applied for.

1 ☐ Male ☐ female

2. Race/Ethnic Group

Check One:

- ☐ Hispanic ☐ White  
☐ African American  
☐ American Indian  
☐ Alaskan Native  
☐ Asian or Pacific Islander  
☐ Other \_\_\_\_\_

3 Are you a Vietnam era  
Veteran. ☐ Yes ☐ No

For Human Resource Use Only

Record of Receipt

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Received by \_\_\_\_\_

## EDUCATION

☐ Yes ☐ No High School Graduate/GED Certificate?

If no, indicate highest grade completed \_\_\_\_\_

☐ Vocational/Technical

\_\_\_\_\_ Hrs. Completed

☐ School-Major Field \_\_\_\_\_

Business College \_\_\_\_\_

\_\_\_\_\_ Hrs. completed

☐ School-Major Field: \_\_\_\_\_

☐ College or University

\_\_\_\_\_ Hrs. completed

☐ School-Major Field \_\_\_\_\_

### UNDERGRADUATE

School \_\_\_\_\_ Major \_\_\_\_\_

Hrs. completed \_\_\_\_\_ Semester \_\_\_\_\_

### GRADUATE

School \_\_\_\_\_ Major \_\_\_\_\_

Hrs. Completed \_\_\_\_\_ Semester \_\_\_\_\_

Degree(s) received: \_\_\_\_\_

(copies of diploma and /or transcripts may be requested upon offer of employment)

List any correspondence courses, seminars, or workshops which you have received training in. If additional space is needed, add a separate page.

List any licenses or certificates which will help us to determine your qualifications. \_\_\_\_\_

## CURRENT EMPLOYMENT

Name

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Your Title: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Start Date: \_\_\_\_\_ From (mo./yr) \_\_\_\_\_ To (mo./yr) \_\_\_\_\_

Full Time ☐ Part Time ☐ Starting Pay: \_\_\_\_\_ hr Ending Pay: \_\_\_\_\_ hr

Notes (If additional space required attach resume to include detailed duties)

Reason for leaving: \_\_\_\_\_

## PREVIOUS EMPLOYMENT

2 Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Title: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ From (mo./yr.) \_\_\_\_\_ To (mo./yr) \_\_\_\_\_

Full Time ☐ Part Time ☐ Starting Pay: \_\_\_\_\_ hr Ending Pay: \_\_\_\_\_ hr

Duties (If additional space required attach resume to include detailed duties)

Reason for leaving: \_\_\_\_\_

Position Applying For

Date

## PREVIOUS EMPLOYMENT cont.

[3] Employer's Name \_\_\_\_\_

Telephone: \_\_\_\_\_

Your Title \_\_\_\_\_ Type of Business \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ From (mo./yr.) \_\_\_\_\_ To (mo./yr) \_\_\_\_\_

☐ Full Time ☐ Part Time Starting Pay \$ \_\_\_\_\_ hr. Ending Pay \$ \_\_\_\_\_ hr.

Duties: (If additional space is required , attach a resume to include more detailed duties)

Reason for leaving: \_\_\_\_\_

[4] Employer's Name \_\_\_\_\_

Telephone: \_\_\_\_\_

Your Title \_\_\_\_\_ Type of Business \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ From (mo./yr.) \_\_\_\_\_ To (mo./yr) \_\_\_\_\_

☐ Full Time ☐ Part Time Starting Pay \$ \_\_\_\_\_ hr. Ending Pay \$ \_\_\_\_\_ hr.

Duties: (If additional space is required , attach a resume to include more detailed duties)

Reason for leaving: \_\_\_\_\_

**CONSENT TO RELEASE INFORMATION  
& RELEASE FORM LIABILITY**

**To Whom It May Concern:**

I am an applicant for a position with the City of Las Vegas. The City needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. I have authorized the Department to gather all available information regarding my employment background, personal history, and other information, which may be of a confidential or privileged nature.

I, the undersigned, authorize you to furnish the City of Las Vegas any and all information that you have concerning me, including without limitation my work record, my background and reputation, my criminal history, including any and all arrest records and any information contained in investigator files, my medical records, my psychological testing and analysis plus recommendation, my military service records if applicable, my education background and records, my financial status, and such other information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to the City of Las Vegas.

I hereby agree to release you and those who supplied you with the above information, your company or organization and the City of Las Vegas, its employees from any liability for any damage which may result from furnishing the requested information.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Las Vegas in conjunction with employment procedures. I will make no attempt to gain access to the City of Las Vegas. The information attained will not be shared with Executive Services Department.

\_\_\_\_\_  
Applicants Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicants Current Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Mv commission expires

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\_\_\_\_\_  
**Applicants Name (please print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicants Current Address**

\_\_\_\_\_  
**City, State, Zip Code**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Applicants Signature**

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**My commission expires**

May we contact your former employers for references: ☐ yes ☐ no If no, please explain:

Have you ever been dismissed from any place of employment? ☐ yes ☐ no If yes, explain:

What shifts are you willing to work?

Have you ever been convicted of violating any federal, state, local, or military law?

☐ yes ☐ no If yes, explain:

### Declaration by Applicant

I hereby certify that the statements made by me in this application are true and complete to the best of my knowledge and belief.

Signature of Applicant

Date

### WAIVER CERTIFICATE

I understand that as an applicant for the position of \_\_\_\_\_ for the City of Las Vegas, that a background investigation may be necessary prior to my acceptance as an employee with the City of Las Vegas.

I hereby authorize the release of information concerning my employment history, driving record, and /or criminal background, to be used to determine my acceptability as an employee with the City of Las Vegas.

I further understand that as an applicant for a safety-sensitive position I may be required to submit to a drug test after an offer of employment is made and prior to final selection for appointment. Applicants for safety-sensitive positions who test positive will not be hired, however such persons shall have the right to have their samples retested as per section 2-7-11. of the City of Las Vegas Drug and Alcohol Abuse Policy.

All information received will be kept in the strictest confidence by the City of Las Vegas and will be released or discussed outside the city only with my written consent.

Applicant's Name (please print)

Applicant's Signature

Subscribed and sworn to before me on  
this \_\_\_\_\_ day of \_\_\_\_\_, 20.

(Seal)

NOTARY PUBLIC

My commission expires: